

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE) State Form 48492 (R4 / 11-05) Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER Sullivan TOTAL PAGES IN ENTIRE CFA-11 REPORT

	EE INFORMATIO				
1. Full Name of Candidate (include any nickname)					
Mary Am Silium 1317, 345 3785					
3. Mailing Address (address where all campaign finance correspondence is rec	eived)				
	46202		5. Party Affiliation or If Independent Candidate THE DENOCAT		
6. Office Sought (include district number, if any. Not required for exploratory of	ommittee.)	7. County of Residence			
8. Reporting Period: From: 10/27/2014 Through: 10/29/2019					
For classification, enter INDV for individual; PAC for political action committee: CORP for corpor		nization; NONE 1	or all entries which a	are not one of the above	categories.
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTR OR OTHER RE		AMO	UMN A UNT OF RIBUTION	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code) Classification 1.	Contributions:		COMI	(IBB)TON	,
Metropolitan Indianapolis Board & Realtors	☐ In-Kind (describe)	į	\$ 5.0	000,00	10/27/14
1912 N. Mendin or	Other Receipts:		, ,		Mary an
IN), anypols, IN 46202	☐ Misc (specify)				Sullium
Contributor's Occupation (if applicable)					
Classification 2.	Contributions: Direct In-Kind (describe)		72	500.06	10/27/14
Michael Bloomberg			2 21	,	
17 = 7ath ST	Other Receipts: Interest Loan Misc (specify)				Mary Ann Sullivan
New York NY 10075 Contributor's Occupation (if applicable) Entre preneur					50 11 12 1
Classification 3.	Contributions: Direct In-Kind (describe)	ı	d2.	500.00	10/27/14
Jonathan Sockler			7 -/		
1 Stunfal Forum Stunford, CT 06901	Other Receipts: Interest Loan Misc (specify)				Mary Ann Sullivan
Contributor's Occupation (if applicable) Nestment Manger					<u> </u>
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES TRUE, CORRECT AND COMPLETE.	T OF MY KNOWLE	DGE AND B	ELIEF IT IS	FOR OFFIC	E USE ONLY
Signature of Treasurer Title		10/29	/A-	Phas	SH of White
Signature of Candidate (if applicable)		Date (MM-DD	⊢ ΥΥ)	0	CT 29 2014
Warning: Any information contained in this report may not be copied for sale or us person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-report as required by the Indiana Campaign Finance Law commits a Class B misder penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	-13) A person who fails	s to file a comp	lete or accurate	8:44 J	ILED